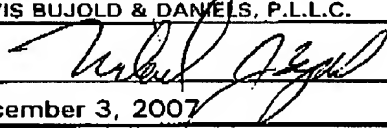
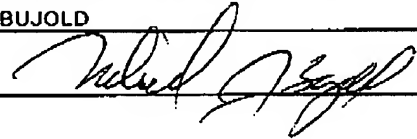


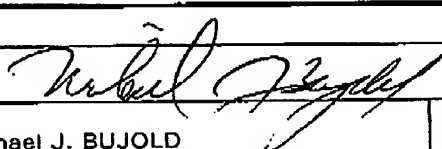
PTO/SB/21 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/523,454
	Filing Date	with an effective filing date of July 28, 2006
	First Named Inventor	Augustinus BADER
	Group Art Unit	1651
	Examiner Name	Allison M. FORD Fax: (571) 273-8300
Total No. of Pages in this Submission: 10	Attorney Docket Number	HEUBEN P03AUS (Formerly LORWER P33AUS)
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Response ..... [8] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C. <div style="text-align: right;">Reg. No. 32,018 CUSTOMER NO. 020210</div>	
Signature		
Date	December 3, 2007	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on December 3, 2007.		
Type or printed name	Michael J. BUJOLD	
Signature	 <div style="text-align: right;">Date: December 3, 2007 (nay)</div>	

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/523,454 with an effective filing date of July 28, 2003 Augustinus BADER Allison M. FORD 1651				
TOTAL AMOUNT OF PAYMENT: \$105 (Charge to Dep. Acct. No. 04-0213)		Attorney Docket No.	HEUBEN P03AUS (Formerly LORWER P33AUS)				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C.</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES Fee (\$)	Small Entity Fee (\$)	SEARCH FEES Fee (\$)	Small Entity Fee (\$)	EXAMINATION FEES Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	_____	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)	
-20 or HP =	_____	x	_____	=	_____	_____	
Indep. Claims	4	-3 or HP +	Extra Claims	Fee (\$)	Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.	_____	x	105	=	105		
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	-100 =	Extra Sheets	/ 50 =	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
_____	_____	_____	_____	(round up to a whole number) x	_____	_____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification,	\$130 fee (no small entity discount)						
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature						Telephone (603) 226-7490	
Name (Print/Type)	Michael J. BUJOLD					Registration No. (Atty/Agent)	32,018
						Date:	December 3, 2007

12/04/2007 VBUI11 00000022 040213 10523454

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